

Local PLRA Complaint Packet

Rev. 5/1/13

**FORM A****FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983****IN THE UNITED STATES DISTRICT COURT  
DISTRICT OF NORTH DAKOTA**Ricky Olson[NOTE: Enter the FULL name and inmate number of each **Plaintiff**]**COMPLAINT**

vs.

Cass County Sheriff  
And Three Deputy Sheriffs[NOTE: Enter the FULL name of each **Defendant**]**I. Previous Lawsuits:**

[NOTE: If there is more than one plaintiff, attach a separate sheet with the information in part I and II below for EACH plaintiff.]

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or have you filed any other lawsuits relating to your imprisonment? Yes ☐ No ☒
- B. If your answer to A is Yes, please answer questions 1 through 7. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs

Defendants

2. Court :

[NOTE: for federal court lawsuits, name the district and for state court lawsuits, name the county]

3. Case Number:

4. Name of judge to whom lawsuit was assigned:

5. Disposition of lawsuit, if known:

[NOTE: for example, was the lawsuit dismissed, appealed, or still pending]

6. Approximate date lawsuit was filed: \_\_\_\_\_
7. Approximate date lawsuit ended: \_\_\_\_\_

**II. Place of Present Confinement:** \_\_\_\_\_

- A. Is there a prisoner grievance procedure in this institution? Yes ☐ No ☐
- B. Did you present the facts relating to your complaint to the institution's prisoner grievance procedure? Yes ☐ No ☐

C. If your answer is YES,

1. What steps did you take?

\_\_\_\_\_  
 \_\_\_\_\_

2. What was the result?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. If your answer is NO, explain why not:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes ☐ No ☐

F. If your answer is YES,

1. What steps did you take?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. What was the result?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. Parties**

[NOTE: In item A below, enter your name in the first blank and your present address in the second blank. Do the same for additional plaintiffs, on line B, if any.]

- A. Name of plaintiff: Ricky A Olson  
 Address: Cass County Jail 450 34th St S. Fargo ND  
58103
- B. Additional plaintiffs:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

[NOTE: In items C-F below, enter the full name of the defendant in the first blank, defendant's official position in the second blank, whether you are suing defendant in both official and individual capacity in third blank and defendant's place of employment in the fourth blank.]

- C. Name of Defendant #1: Cass County Sheriff & Medical Staff  
 Official Position: Sheriff & Medical Staff

If Defendant is a government official or employee, are you suing the Defendant in his or her official capacity? Yes ☒ No ☐

If Defendant is a government official or employee, are you suing the Defendant in his or her individual capacity? Yes ☒ No ☐

Place of Employment: Sheriff of Cass County

- D. Name of Defendant #2: Nursing Staff of Cass County  
 Official Position: Head Nurse

If Defendant is a government official or employee, are you suing the Defendant in his or her official capacity? Yes ☒ No ☐

If Defendant is a government official or employee, are you suing the Defendant in his or her individual capacity? Yes ☒ No ☐

Place of Employment: Cass County Jail

- E. Name of Defendant #3: All of Med Staff  
 Official Position: Nurses

If Defendant is a government official or employee, are you suing the Defendant in his or her official capacity? Yes ☒ No ☐

If Defendant is a government official or employee, are you suing the Defendant in his or her individual capacity? Yes ☒ No ☐

Place of Employment: \_\_\_\_\_

F. Name of Defendant #4: \_\_\_\_\_

Official Position: \_\_\_\_\_

If Defendant is a government official or employee, are you suing the Defendant in his or her official capacity? Yes ☐ No ☐

If Defendant is a government official or employee, are you suing the Defendant in his or her individual capacity? Yes ☐ No ☐

Place of Employment: \_\_\_\_\_

G. Additional Defendants : Use a separate sheet of paper. Write the heading **PART II CONTINUED** at the top of that sheet. For each additional defendant list:

Name

Official Position

Suing in Official and/or Individual Capacity

Place of Employment

#### IV. Jurisdiction

This complaint is brought pursuant to 42 U.S.C. § 1983, and jurisdiction is based on 28 U.S.C. § 1343(a)(3). Plaintiff(s) allege(s) that the defendant(s) acted under color of state law with regard to the facts stated in part V of this complaint.

**V. Statement of Claim**

- A. Claim No. 1: [NOTE: State here as briefly as possible the basis for your claim, including the facts of your case. You MUST state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved (for example, other inmates) and state the date and place of all events.]

Are you claiming any physical injury? Yes ☒ No ☐ If yes, please describe.

I came back from court, Hand Cuffed and Shackled only to have three of Sheriff's Deputy's slam my head into corner of wall cracking my head open Till you could see brain matter, And not taking me to hospital, And then locking me down for months without help, even after Trying to get nurses to help, she said to me They won't let me help you. I have ringing in my head still, I have Broken nose, and cant see to good anymore

- B. Claim No. 2: [NOTE: State here as briefly as possible the basis for your claim, including the facts of your case. You MUST state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved (for example, other inmates) and state the date and place of all events.]

Are you claiming any physical injury? Yes ☒ No ☐ If yes, please describe.

Not sure of there names, I still held in the hole months later on a mister meener With bail thats impossible

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- C. Claim No. 3: [NOTE: State here as briefly as possible the basis for your claim, including the facts of your case. You MUST state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved (for example, other inmates) and state the date and place of all events.]

Are you claiming any physical injury? Yes ☒ No ☐ If yes, please describe.

Dangerous medical treatment is  
very detrimental

- D. Claim No. 4: [NOTE: State here as briefly as possible the basis for your claim, including the facts of your case. You MUST state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved (for example, other inmates) and state the date and place of all events.]

Are you claiming any physical injury? Yes ☐ No ☐ If yes, please describe.

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- E. Additional Claims: Attach an extra sheet if necessary, and write the heading **PART V CONTINUED** at the top of that sheet

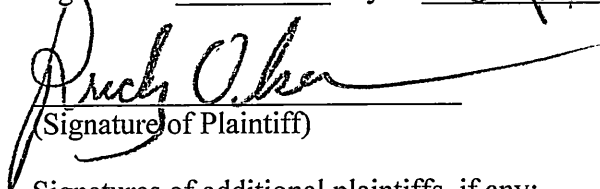
## VI. Relief

[NOTE: State briefly exactly what you want the Court to do for you.]

Being able to go to hospital and 4.5 million  
dollars for continued medical attention  
and liability

## VII. Signature(s) of Plaintiff(s)

Signed this 15 day of September, 2023.

  
(Signature of Plaintiff)

Signatures of additional plaintiffs, if any:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_